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Behavior Change: Principles and Practices

(HHS Regions 6, 7 & 8)
Learning Community Meeting
Dallas, TX
February 23-24, 2015

Day 2 PM

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Overall Agenda Topics

- Guiding values to promote engagement and recovery
- What is behavior change and why is it important?
- Core principles and practices to promote behavior change
- Team exercise

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Goal of this Part of the Regional Meeting

To provide an overview of the principles and practices of health behavior change that assists each team to select, plan, implement, and evaluate a health improvement area designed to increase the engagement of PBHCI enrollees in health promoting services that results in positive health behavior change that is sustainable

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Guiding Values to Activate Health Behaviors

- **Hope Building:** Igniting and sustaining self-efficacy and confidence that change is possible and positive**.**
- **Shared Decision Making:** Respectful partnership with healthcare providers to achieve personally meaningful health goal.
- **Self-Management Competencies:** Developing skills, knowledge and strategies to prevent and manage health problems.
- **Action Focused:** Focus on applying knowledge and using resources to achieve whole health goals that are practical and measurable.
- **Self-Directed Goal Orientation:** Creating person-centered and self-directed whole health goals that align with the person's needs, values, preferences and cultural background.
- **Strength Based:** Focusing on strengths and wellness rather than illness and disability.

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Guiding Values to Activate Health Behaviors

- **Trauma Informed Perspective:** Exploring and addressing the role of traumatic life events in a person's emotional and physical well-being that adversely affects self-management of disease.
- **Mobilizing Social Support**: Direct efforts to expand a person's social network to support health.
- **Peer services emphasis**: Involving peers in health planning, service provision, and ongoing supports.
- **Community Resources and Supports**: Engaging community resources and social supports to meet basic needs for housing, employment, education, and recreation to support overall physical and emotional well-being.

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What will it take to address the health needs of people with BH conditions?

- ❑ Access to quality primary care alone?
- ❑ Care manager support alone?
- ❑ Coordination of services alone?
- ❑ Hard working staff alone?
- ❑ Better treatments (more effective medications) alone?
- ❑ A combination of services designed to ensure quality treatment, support, and health behavior change?

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Why is it important for the success of the PBHCI initiative?

People with serious behavioral health conditions…

- Smoke more
- Eat less nutritious food
- Have high BMI levels (obesity)
- Exercise less
- See physicians and other healthcare providers less
- Are more likely to underuse, overuse, or misuse medication
- Are prescribed antipsychotic drugs that have been linked to increased incidence of obesity, diabetes, and hyperlipidemia
- Die earlier

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From Initial Engagement to Commitment to Sustainable Change

Think about…

- Why change? What factors influence how you make decisions to change health behaviors?
- What would make a person stick with the PBHCI initiative?
- What services and relationships keep people engaged in efforts to improve health behaviors?
- What are the benefits? What are the costs?

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Why is Health Behavior Change Important?

Knowledgeable and skillful providers, offering the latest treatments, are rendered ineffectual without the day-to-day efforts of actively involved clients.

Big Question:

*How do we create a treatment/service environment that informs, engages, involves, and **ACTIVATES** individuals to **KEEP** engaging in healthy behaviors, **STOP** engaging in unhealthy behaviors, and **START** engaging in healthy behaviors.*

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Principle 1:
Behavior Change Activation is on a Continuum: Levels of Readiness

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Stage of Change…Details

Five Stages of Change

1. Precontemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance

People in this Stage

1. No intent to change yet, unaware or deny personal relevance
2. Aware of the problem, ambivalent about change
3. Getting ready to change, choosing a plan
4. Trying to change, not yet consistent in doing it
5. Practice being consistent, avoid slipping back

Tip Offs

1. *"There's nothing I really need to change"*
2. *"It might be good for me, but it's too hard"*
3. *"I've started to make small changes"*
4. *"I wish I was more consistent"*
5. *"I'm working hard not to lose the progress I've made"*

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Principle 2:
Alignment of Intervention with Readiness Level

Let's Chat: What approaches are likely to align with a person who is in the….

- Pre-Contemplation Stage
- Contemplation Stage
- Preparation Stage
- Action Stage
- Maintaining Gains Stage

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Principle 3:
Personalized Health Behavior Change Plan

Characteristics of a personalized health improvement plan:

- Reflects the person's felt need for change (wants, preferences, goals, worries, concerns, and values)
- Aligns with readiness level (start with an health improvement area where the person is most ready)
- Small practical steps that the person views as positive, possible and has support from others.
  - Builds on the person's strengths
  - Designed to increase chances of success

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Principle 3:
Personalized Health Behavior Change Plan

Characteristics of a personalized health improvement plan:

- Easy to monitor progress in specific and measurable ways
- Has timeframes selected by the person
- Identifies barriers (what may get in the way - internal and external)
- Builds in check-in times
- Frames the plan as a first try to better understand what works and what doesn't (no fault or failure)

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Important areas of inquiry to help establish a personalized health improvement goal

Shared decision making: (Is change positive?)

- "Is there anything you would like to do for your health in the next week or two?"
- "Is it okay if I share some ideas from other people who are working to improve their health?"
- "Maybe one of these would be of interest to you or maybe you have thought of something else while we have been talking?"

Initial Goal Plan

- Formulate a goal statement that is SMART: **S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**imed

From Connie Davis, MN, ARNP cld@conniedavis.ca
http://www.google.com/webhp?nord=1#nord=1&q=Connie+Davis%2C+MN%2C+ARNP+powerpoint
#1 Aharonovich, 2008; Amrhein, 2003
2 Bandura, 1983; Lorig et al, Med Care 2001; Bodenheimer, Pt Ed Couns 2009.

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Important areas of inquiry to help establish a personalized health improvement goal

Explore confidence level (Is change possible? Is change supported)

- "How confident (on a scale from 0 to 10) do you feel about carrying out your plan?" Problem-solving is used for confidence levels less than 7. "Is there something you could do to raise your confidence?"
- " What might get in the way of you accomplishing your health plan?"
- "Would you like to check in with me to review how you are doing with your plan?
  - After the plan has been formulated, the clinician/coach elicits a final "commitment statement." #1
  - Strength of the commitment statement is associated with success on action plan. #2

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Health Self-Management:
What we can do?

- Offer numerous opportunities and supports that assist people to
  - Learn the skills, gain the knowledge, and utilize resources to successfully self-manage their wellness and make informed decisions.
  - Address the emotional impact of managing a health condition.

- Establish partnerships and collaborative relationships that focus on shared decision making and consumer choices and preferences.

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What do people need to self manage health?*

Skills, knowledge, and support to:
- Identify, define, and solve problems
- Make informed decisions
- Participate in a healthcare partnership with providers
- Know and use treatment and support resources
- Plan and take action
- Recognizing one's preferences, skill level, and supports in deciding the most practical and personally acceptable actions to take. *Lorig, K.R., Holman, H.R. Self-Management Education: History, Definition, Outcomes and Mechanisms. Annals of Behavioral Medicine. 2003, 26(1): 1-7

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Whole Health Self-Management – Special considerations for individuals with significant behavioral health problems

Let's Chat: In what way might mental health and substance use conditions influence a person's motivation/activation to change health-related behaviors?

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Principle 5:
Effective Use of Incentives to Motivate Health Supporting Behavior

- Incentives - things that attract or lure people into action.

- Incentive approaches - theories of motivation in which behavior is explained as a response to the external stimulus and its rewarding properties.

- Expectancy-value theories - incentive theories that assume the actions of humans cannot be predicted or fully understood without understanding the beliefs, values, and the *importance that a person attaches to those beliefs and values at any given moment in time.*

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Let's Chat:
PROS and CONS of tangible incentives

PROS: CONS:

Principle 6:
The Role of Social Support: Power of Professional and Community Social Support

- Building in social supports may be very helpful (e.g., engage family/friends, peer buddy system) that aligns with consumer preferences
- Exploring the person's "circle of support"
- Principle of self-direction, choice, and responsibility
- Person identifies:
    - Who they would like to involve as a support in their health plan
    - What type of support/assistance wanted
    - How supportive people will be informed and engaged in the health plan

Principle 7: Power of Peer Support

Peer support activates and sustains self-management:
- 1772: Native Americans formed mutual support groups for self-management of alcohol abuse recovery
- 1935: Birth of AA promotes mutual support for self-management of alcohol abuse recovery by sharing experience, strength, and hope
- Focuses on what's strong rather than what's wrong to grow hope and confidence
- Sharing impact like stigma, discrimination, and social exclusion strengthens sense of mutual support
- Develops unique relationship of trust essential to recovery self-management, especially from trauma
- Peer slogan: "I am the evidence" role models and offers "proof" of recovery that promotes hope and confidence

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Principle 7: Power of Peer Support

- Being grateful for recovery manifests deep compassion and commitment for serving other peers
- Provides strong, ongoing social support that promotes and sustains recovery, whole health, and resiliency
- Added benefit of strengthening personal recovery by supporting other peers in their recovery
- Impacts stigma by demonstrating peer support service competencies that promote recovery and can be billable
- Activating self-management increases efficacy and cost savings (Hibbard et al 2013)

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Principle 8:
Creating an Organizational Culture of Wellness

- A focus on wellness for clients and staff alike that permeates the organization.
- Staff who are themselves motivated and committed to health.
- Health activities that include both staff and clients.
- All staff reinforce the importance of whole health in their interactions with clients.

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Principle 9:
Best Practices in Wellness Programming

- **Program format:** longer duration (3 or more months) combining a manualized education- and activity-based approach, and incorporating both nutrition and physical exercise, are likely to be the most effective in reducing weight and improving physical fitness, psychological symptoms, and overall health.

- **What doesn't work:** Programs with briefer duration; general wellness, health promotion or education-only programs; non-intensive, unstructured, or non-manualized interventions; and programs limited to nutrition only or exercise only.

- **Weight management:** the nutritional component is critical and incorporates active weight management (i.e., participant and program monitoring of weight and food diaries), as opposed to nutrition education alone.

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Principle 9:
Best Practices in Wellness Programming

- **Physical fitness:** Activity-based programs that provide intensive exercise and measurement of fitness (e.g., 6-minute walk test or standardized physical activity monitoring) are more likely to be successful.

- **Integrated services:** Evidence-based health promotion consisting of combined physical fitness and nutrition programs should be an integrated component of services.

- **Measurement and monitoring:** Lifestyle behaviors (nutrition, physical activity, tobacco use), physical fitness, and weight outcomes as well as evidence-based program fidelity should be objectively and reliably measured and monitored.

* The Dartmouth Health Promotion Research Team, led by Project Director Stephen Bartels, MD, MS, Professor of Psychiatry, Community and Family Medicine, the Dartmouth Institute, and Project Research Assistant Rebecca Desilets, Centers for Health and Aging, Dartmouth College

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Principle 10:
Culturally Responsive Services

- Cultural and religious factors influence the preferences, values, beliefs, and expectations of people
- One's beliefs, values, and expectations influence choices and preferences related to a host of wellness-related activities and services:
  - Food preparation and traditions
  - Attitudes about substance use including tobacco
  - Comfort with various activities involving body movement (meditation, yoga, dance, exercise)
  - Experience with and expectations of healthcare providers
  - Attitudes about weight and exercise
  - Access to wellness supporting people, places, and things

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Team Action Planning

Grantees will break out into their respective teams to consider the concepts presented and complete the KEEP-STOP-START grid.

Each team is expected to discuss and share the results of their grid responses on no more than three of the ten behavior change principles.

- What are you doing that aligns with client activation? KEEP
- What do you need to stop doing? STOP
- What is one thing you can start doing to support client activation when you return? START

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